

**Maryland State Board of Dental Examiners  
Spring Grove Hospital Center • Benjamin Rush Building  
55 Wade Avenue/Tulip Drive  
Catonsville, Maryland 21228  
(410) 402-8511**

**DENTAL AND DENTAL HYGIENE TEACHER LICENSE RENEWAL - 2016**

**Name** \_\_\_\_\_

**License Number** \_\_\_\_\_

**Notice For Mailing List:**

The information collected on this application form is collected for the purposes of the Board's functions under Annotated Code of Maryland, Health Occupations Article, Title 4. Failure to provide the information may result in denial of your application. You have a right to inspect, amend, and request correction of this information. The Board may permit inspection of this information or make it available to others only as permitted by federal and State law. Under the Maryland Public Information Act, Annotated Code of Maryland, General Provisions Article, §4-333, the Board may provide, for a fee, a list of licensees' names and addresses to professional associations and other entities. You may request in writing that your name be omitted from such lists.

**SECTION I – CHANGE OF NAME AND ADDRESS**

If your name has changed since the last renewal, please submit proof of name change such as a court document or marriage certificate to the Board. Law requires licensees to notify the Board of a name or address change within 60 days.

<b>Name (Last, First, Middle Initial):</b>	
<b>Street Address:</b>	
<b>City, State, Zip:</b>	

**2015-2016 RENEWAL FEES – PAYABLE TO MARYLAND STATE BOARD OF DENTAL EXAMINERS**

Dental Teacher: \$225.00

Dental Hygiene Teacher: \$225.00

Please note that a late fee is due for renewals submitted during the period from July 1, 2015-2016 through July 31, 2015-2016. The late fee is \$300.00 for dentists and \$150.00 for dental hygienists.

On or after August 1, 2015-2016, all dentists or dental hygienists who have not renewed their licenses must apply for reinstatement if they wish to receive a Maryland license. Reinstatement requirements can be found in the Code of Maryland Regulations, Title 10, Subtitle 44, Chapter 10.

**SECTION II – GENERAL INFORMATION**

This section must be completed by both dentists and dental hygienists.

**A. Social Security Number:**       -   -

(There is a statutory requirement that you disclose your social security number. It will be used for identification purposes only.)

**B. Home Phone Number:**       -    -

**C. Work Phone Number:**       -    -

**D. E-Mail Address:**   

**E. Gender**    ☐ Female    ☐ Male

## SECTION II – GENERAL INFORMATION (CONT'D)

### F. Race/Ethnic Identification – Please check all that apply

Are you of Hispanic or Latino origin? Yes ☐ No ☐

(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Select one or more of the following racial categories:

1. ☐ American Indian or Alaska Native (A person having origins in any of the original peoples of North or South America, including Central America, and who maintains tribal affiliations or community attachment.)
2. ☐ Asian (A person having origin in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
3. ☐ Black or African American (A person having origins in any of the black racial groups of Africa.)
4. ☐ Native Hawaiian or other Pacific Islander (A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
5. ☐ White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

G. Date of Birth \_\_\_\_\_ (mm/dd/yyyy)

### H. Requested licensure status:

Check one: ☐ Dental Teacher ☐ Dental Hygiene Teacher

Check one of the following:

- ☐ Active  
☐ Do not renew

### I. Name of Institution:

I am a full-time faculty member at: \_\_\_\_\_  
(Name and Address of Facility)

### J. Licensure in other states:

State	License Number

## SECTION III - CHARACTER AND FITNESS

This section must be completed by both dentists and dental hygienists.

The following questions pertain to the period starting on July 1, ~~2014~~2015 and ending June 30, ~~2015~~2016.

If you answer "YES" to any question(s) in Section III – Character and Fitness, attach a separate page with a complete explanation of each occasion. Each attachment must have your name in print, signature, and date.

YES NO SINCE JULY 1, ~~2014~~2015

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | a. Has any licensing or disciplinary board of any jurisdiction, including Maryland, or any federal entity denied your application for licensure, reinstatement or renewal, or taken any action against your license, including but not limited to reprimand, suspension, revocation, a fine, or non-judicial punishment? If you are under a Board Order in a State other than Maryland and the Order was effective on or after July 1, <del>2014</del> 2015, you must enclose a certified legible copy of the entire Order with this application. |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Have any investigations or charges been brought against you or are any currently pending in any jurisdiction, including Maryland, by any licensing or disciplinary board or any federal entity?  |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Has your application for a dentist or dental hygiene license been withdrawn for any reason?  |

### SECTION III - CHARACTER AND FITNESS (CONT'D)

**YES NO**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | d. Has an investigation or charge been brought against you by a hospital, related institution, or alternative health care system?   |
| <input type="checkbox"/> | <input type="checkbox"/> | e. Have you had any denial of application for privileges, failure to renew your privileges or limitation, restriction, suspension, revocation or loss in privileges in a hospital, related health care facility, or alternative health care system?   |
| <input type="checkbox"/> | <input type="checkbox"/> | f. Have you pled guilty, nolo contendere, had a conviction or receipt of probation before judgment or other diversionary disposition of any criminal act, excluding minor traffic violations?   |
| <input type="checkbox"/> | <input type="checkbox"/> | g. Have you pled guilty, nolo contendere, had a conviction, or receipt of probation before judgment or other diversionary disposition for an alcohol or controlled dangerous substance offense, including but not limited to driving while under the influence of alcohol or controlled dangerous substances?               |
| <input type="checkbox"/> | <input type="checkbox"/> | h. Do you have criminal charges pending against you in any court of law, excluding minor traffic violations?  |
| <input type="checkbox"/> | <input type="checkbox"/> | i. Do you have a physical condition that impairs your ability to practice dentistry or dental hygiene?  |
| <input type="checkbox"/> | <input type="checkbox"/> | j. Do you have a mental health condition that impairs your ability to practice dentistry or dental hygiene?   |
| <input type="checkbox"/> | <input type="checkbox"/> | k. Have the use of drugs and/or alcohol resulted in an impairment of your ability to practice dentistry or dental hygiene?  |
| <input type="checkbox"/> | <input type="checkbox"/> | l. Have you illegally used drugs?   |
| <input type="checkbox"/> | <input type="checkbox"/> | m. Have you surrendered or allowed your license to lapse while under investigation by any licensing or disciplinary board of any jurisdiction, including Maryland, or any federal or state entity?  |
| <input type="checkbox"/> | <input type="checkbox"/> | n. Have you been named as a defendant in a filing or settlement of a malpractice action?  |
| <input type="checkbox"/> | <input type="checkbox"/> | o. Has your employment been affected or have you voluntarily resigned from any employment, in any setting, or have you been terminated or suspended, from any hospital, related health care or other institution, or any federal entity for any disciplinary reasons or while under investigation for disciplinary reasons? |

The Well Being Committee assists dentists, dental hygienists, and their families who are experiencing personal problems. The Committee has helped many dentists and dental hygienists over the years with problems such as stress, drug dependence, alcoholism, depression, medical problems, infectious diseases, neurological disorders and other illnesses that cause impairment. For more information, dentists may visit [www.dentistwellbeing.com](http://www.dentistwellbeing.com). Dental hygienists may call 1-800-974-0068 or visit the website at [www.mdhawell-being.org](http://www.mdhawell-being.org).

### SECTION IV – ANESTHESIA AND SEDATION

**This section must be completed by dentists only.**

Dentists please answer the following:

**YES NO**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | I administer general anesthesia.   |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a permit to administer general anesthesia.  |
| <input type="checkbox"/> | <input type="checkbox"/> | I administer parenteral sedation.  |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a permit to administer parenteral sedation.                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | I administer a non-parenteral anesthetic. (New Class I Permit Required).                 |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a permit to administer a non-parenteral anesthetic. (New Class I Permit Required) |

### SECTION V - SPECIALTIES

**This section must be completed by dentists only.**

Does the Maryland State Board of Dental Examiners recognize you as a specialist? ☐ Yes ☐ No

If so, please indicate specialty? \_\_\_\_\_

## SECTION VI – WORKERS’ COMPENSATION

This section must be completed by dentists only.

The Annotated Code of Maryland, Health Occupations Article, §1-202 requires that you verify compliance with the Workers’ Compensation Law for your renewal to be issued. I hereby certify the following: **(a) ☐ I do not practice in Maryland; OR (b) ☐ I do practice, but do not employ anyone in my practice in Maryland; OR (c) ☐ I employ one or more persons in Maryland and have the following Workers’ Compensation coverage:**

Insurance Company (Workers’ Compensation only): \_\_\_\_\_

Policy Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

## SECTION VII – DENTAL EDUCATION

a. School of graduation : \_\_\_\_\_

b. Date of graduation: \_\_\_\_\_

c. Degree Earned: \_\_\_\_\_  
(Month, Day & Year)

### Release and Certification Instructions:

Please indicate your acceptance of the Release and Certification by 1) checking the box “Yes” and 2) Signing the Release and Certification.

### Release and Certification:

Practice of dentistry or dental hygiene without an active license is a violation of the Dental Practice Act. **I affirm that the contents of this document are true and correct to the best of my knowledge and belief. Failure to provide truthful answers may result in disciplinary action.**

I agree that the Maryland State Board of Dental Examiners (the Board) may request any information necessary to process my application for a dental or dental hygiene teacher’s licensure in Maryland from any person or agency, including but not limited to postgraduate program directors, individual dentists, government agencies, the National Practitioner Data Bank, the Healthcare Integrity and Protection Data Bank, hospitals and other licensing bodies, and I agree that any person or agency may release to the Board the information requested. I also agree to sign any subsequent release for information that may be requested by the Board.

I agree that I will fully cooperate with any request for information or with any investigation related to my dental or dental hygiene teacher’s license in the State of Maryland, including a subpoena requesting documents or records; the inspection of my practice; or my appearance before the Board or its staff.

I shall inform the Board within 60 days of any change to any answer I originally gave in this application, any arrest or conviction, any change of address or any action that occurs based on accusations that would be grounds for disciplinary action under the Annotated Code of Maryland, Health Occupations Article, §4-315.

I solemnly affirm, under the penalties of perjury, that the above is true to the best of my knowledge, information or belief.

☐ **Yes (In addition please sign the Release and Certification which follows)**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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**~~2015-2016~~ RENEWAL INSTRUCTIONS  
RENEWAL DEADLINE JUNE 30, ~~2015~~2016**

**Renewal Instructions:**

This is your renewal package for the July 1, ~~2015-2016~~ through June 30, ~~2016-2017~~ renewal period. Our renewal application has changed. Please carefully read and complete each section of the renewal application that pertains to your licensure type and return it to our office on or before June 30, ~~2015~~2016.

Your application must be fully completed and signed in order to be processed. **Incomplete forms will be returned and will cause your renewal to be delayed and subject you to a reprocessing fee of \$50.** Applications that are not fully completed, signed, and received by the Board before the expiration date will subject you to additional fees and possible disciplinary action. **Practicing without a current active license, registration, or certification is a violation of the Dentistry Act and could result in disciplinary action, including suspension or revocation.**

**Address:** The Board must, by law, have a valid address for you. The address you provide is the "address of record" that is available for public information requests and the address to which the Board will forward all correspondence. The Board does not send licenses, registrations, or certifications to post office boxes. You must provide a street address. Please provide a telephone number where you can be reached during the day in the event the Board needs to contact you regarding the processing of your application.